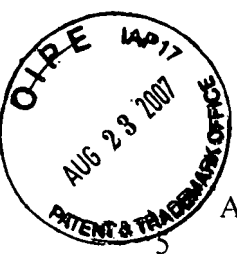


TFW



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/695,529 Confirmation No.: 6407
Applicant : Krzysztof W. Przytula TC/A.U.: 2129
Filed : 10/27/2003
Examiner : Starks, Wilbert L.
Docket No. : HRL099
Customer No. : 28848

For: "APPARATUS, METHOD, AND COMPUTER PROGRAM PRODUCT FOR
CONVERTING DIAGNOSTIC FLOWCHARTS INTO DIAGNOSTIC
PROBABILISTIC GRAPHS"

Comments on Statement of Reasons for Allowance

Hon. Commissioner for Patents
Washington, D.C. 20231

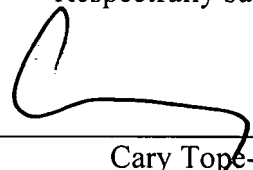
Dear Examiner,

The Applicant thanks the Examiner for the Notice of Allowance dated July 26, 2007. The Applicant agrees with the Examiners' Reasons for Allowance and also asserts that other reasons for allowance exist, in addition to those stated by the Examiner. Once again, the Applicant thanks the Examiner.

Respectfully submitted,

8/21/07

Date



Cary Tope-McKay
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PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

2

Application Number

10/695,529

Filing Date

10/27/2003

First Named Inventor

Krzysztof W. Przytula

Art Unit

2129

Examiner Name

Starks, Wilbert L.

Attorney Docket Number

HRL099

ENCLOSURES (Check all that apply)☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s).

☐Reply to Missing Parts/
Incomplete Application☐Reply to Missing Parts
under 37 CFR 1.52 or 1.53☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐Petition to Convert to a
Provisional Application☐Power of Attorney, Revocation
Change of Correspondence Address☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) _____

☐ Landscape Table on CD

Remarks

☒

After Allowance Communication to TC

☐Appeal Communication to Board
of Appeals and Interferences☐Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐

Proprietary Information

☐

Status Letter

☒Other Enclosure(s) (please identify
below):

Return Receipt Postcard

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Tope-McKay & Associates

Signature

Printed name

Cary Tope-McKay

Date

08/21/2007

Reg. No.

41,350

CERTIFICATE OF TRANSMISSION/MAILING

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Cary Tope-McKay

Date

08/21/2007

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